## **Tom Reilly**

**Attorney General** 

Office of the Attorney General consumer complaint form/telemarketing solicitations **Consumer Complaint and Information Section 200 Portland Street** Boston, MA 02114

(617) 727-2200 (617) 727-0434 (TTY)

## THIS FORM IS FOR COMPLAINTS REGARDING TELEMARKETING SOLICITATIONS ONLY

<b>Consumer Information:</b>	Telemarketing Business/Complaint Against:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Daytime Phone: ()	Phone: ()
	Name of person you spoke with
You've made the request to put this home phone number and the request to put this home phone number are saved on Caller ID Telemarketer's phone number was saved on Caller ID Telemarketing message was a recording/not a "live" particle to the same and the same are considered as a recording of the save and the save are considered as a recording of the save are consid	erson:
☐This call was regarding elections/polls/surveys ☐This call was regarding a telephone directory/directory assistan ☐This call was regarding a donation to a charity ☐This call was regarding a form/brochure you have filled out at a ☐This call was regarding collection of money that a debt collected ☐This call was regarding an offer to meet with a salesman for a form the first minute of the call the telemarketer DID NO	a store/mall/fair/other or claims you owe face-to-face presentation
During the first minute of the call, the telemarketer <u>DID NO</u> □explain the purpose of the call □give the name of the telemarketing company they are working □give the name of the company selling the product/service □describe the goods or services they are selling	
Before requesting payment, the telemarketer <u>DID NOT</u> :  □name the total cost of the product/service including tax, shippin □name all the restrictions or limitations having to do with your p □name all the terms for a refund, return, cancellation, exchange	urchase

Have you contacted another agency? If yes, what is the name of the agency?	Have you hired an attorney? If yes, what is the attorney's name?
You are not required to answer but, are you 65 years or older? yes no  If you seek a reasonable accommodation in filing a complaint or with completing this form, please call (617) 727-2200. If you wish to communicate via TTY service, please check here or call (617) 727-0434.	
other information, and describe any action you hav responded to you. Attach additional pages if neces documentation supporting the facts set forth in this	ing your complaint in detail. Include all relevant names and re taken to resolve this dispute and how the business has sary. Be sure to include clear copies of any relevant complaint.  YOUR ORIGINALS - SEND COPIES ONLY.
Under most circumstances, the text of your compla available to any member of the public upon request disclose your name, address, phone number, or any this form in response to any request that specificall	FIDENTIALITY aint will be considered a public record, a copy of which is t. In response to such requests, this Office generally will not other information that identifies you and will not disclose by seeks the complaint submitted by you. Your record in its ment and regulatory agencies who may assist in resolving
Signature:	Date: